

**Mental Health Services Act
Workforce Education and Training**

**Consumers and Family Member Employment in Mental Health
Special Topic Workgroup**

June 21, 2006

1. Present.

- a. Sheila Boltz, California Association of Social Rehabilitation Agencies (CASRA)
- b. Catherine Bond, Mental Health Association Los Angeles (MHA LA)
- c. Wendy Desormeaux, Department of Mental Health (DMH)
- d. Gale Farrell-Suydam, Family Advocate, Riverside
- e. Pam Hawkins, United Advocates for Children (UACC)
- f. Wanda Kato, Department of Mental Health (DMH)
- g. Brian Keefer, California Mental Health Planning Council (CMHPC)
- h. Blanche Korfmacher, San Francisco Mental Health (retired)
- i. Sharon Kuehn, Contra Costa County Mental Health Office of Consumer Empowerment
- j. Jay Mahler, California Network of Mental Health Clients
- k. Douglass Murphy, Santa Clara County Mental Health, Consumer and Family Member Advocate
- l. Donna Nunes-Croteau, Fresno County Mental Health Consumer Advocate
- m. Mike Oprendeck, California Institute for Mental Health (CIMH)
- n. Vicki Smith, California Institute for Mental Health (CIMH)
- o. Shelley Spear, United Advocates for Children (UACC)
- p. Toni Tullys, Bay Area Workforce Collaborative
- q. Alice Washington, California Institute for Mental Health (CIMH)
- r. Patricia Zimmerman, Consumer Advocate, Sacramento

Facilitator: Warren Hayes, Department of Mental Health

2. Power Point Presentation. (See Attached)

- a. The group reviewed a power point presentation that outlined the reason for the workgroup topic, the MHSA Workforce Education and Training context for this topic, operating principles for developing recommendations and options, the process for review and consideration of workgroup products, and short- versus long-term considerations. The California Mental Health Planning Council's recommendations, as well as a broad summary of stakeholder input to date was outlined.

b. The group endorsed the need to expand current contracts with DMH to provide statewide promotion of employment of consumers and family members in public mental health, specifically:

- UACC's Equip Training Curriculum – Parent/Family Partner training curriculum to build core competencies and skill development in the area of parent/family partner scope of work, as well as statewide technical assistance and training for family run organizations within California in the areas of structural development and sustainability. The Educate, Equip, and Support: Building Hope (EES) curriculum – Train the Trainer is direct family education to promote education on skills necessary for family driven care.
- NAMI – California – Peer to Peer, Family to Family Training classes taught by family members.
- The DMH/DOR Interagency Agreement that contracts with a consultant cadre to provide training and technical assistance to promote the employment of consumers as part of their recovery
- Expansion of the CNMHC's contract with DMH to develop a training and technical assistance element to the Scope of Work to promote employment of consumers in public mental health

c. In addition the group endorsed the need to fund and replicate in communities throughout California the entry-level training provided to consumers that are currently modeled by SPIRIT in Contra Costa County, and Pacific Clinics in partnership with Pasadena City College. The development and funding of these programs need to be endorsed by county mental health programs and their contract agencies at the regional level in order to ensure that the supply of graduates matches the demand of prospective employers. Also, family advocate programs, such as the program in Riverside County, should be established.

3. Strategies.

a. The group endorsed multiple funding strategies, such as:

- Enhancing current statewide contracts with consumer and family member organizations (statewide)
- Undergoing a Request for Quotation process, in which consultants can bid and be chosen to provide training and technical assistance topics (statewide), and be utilized on an all-inclusive daily rate (statewide, regional, local)
- Funding both consumer and family member training programs, to include enabling distance learning. (regional and local)
- Continuing to develop the expert pool that has been established by DMH, where consumers and family members can be hired on an hourly basis for different functions (state and regional)

b. The group then articulated strategies that would enable their participation in public mental health as leaders, staff and administrative support, service providers, employment supports, trainers and providers of technical assistance, and evaluators of training and service delivery. The consumer and family member stakeholder group strategies need to be separate from each other, because of the uniqueness of the two respective stakeholder groups. The strategies recommended are:

- Develop a protocol, or best practice standards, for the hiring and ongoing support of consumers and family members at all levels of public mental health; to include identifying and sharing where promising work is already being done, career advancement, or “pipeline strategies”, adapting civil service classifications and minimum qualifications to recognize consumer and family member experience in public mental health, agency assessment of readiness, essential elements of ongoing employment support, and articulation of the process, end state and evaluation of a public mental health system that fully integrates consumers and family members in California’s public mental health system.
- Field training for consumers and family members to prepare them for a range of public presentations; consumers telling their stories as part of their recovery, family members speaking as part of the “In Our Own Voice Program”, assisting in the understanding of client issues and culture, assisting and leading training and technical assistance events, participating in policy and funding decisions, and leading stigma reduction efforts in the community.
- Provide training and technical assistance for consumers and family members as business entrepreneurs in the development and delivery of consumer and family run programs that complement public mental health services, such as wellness centers and regional family education and support centers..
- Encourage the hiring of consumers and family members as staff support to the establishment of regional partnerships throughout California.
- Establish the role of benefits/service coordinators on a regional basis to provide ongoing employment supports to anyone who is transitioning from recipients of public mental health service to employees of the public mental health system. The group recognized the unique nature of this process, such as navigating social security, Medi-Cal, and social services work benefits and work incentives, confidentiality issues, and understanding the soft skills required to successfully integrate into the mental health provider culture. These are above and beyond the traditional reasonable accommodations required of good supervision and employee assistance programs.
- Develop the role of consumers and family members as evaluators of service and training provided by surveying consumers who have participated in the services and training. DMH is piloting an Outcome Tracking Project as part of the administration of the Mental Health

Cooperative Programs with the Department of Rehabilitation. This is a standardized phone survey accomplished by consumers surveying consumers over time, with results keyed into DMH's database for summarization and analysis provided to decision-makers. It was recommended that this pilot be expanded as part of a regional partnership staff structure to provide qualitative outcome feedback.

4. Next Steps.

The group felt that its recommendations were sufficiently articulated to enable them to be submitted for formulation into funding proposals to be matched against both short- and long-term needs assessments, funding parameters, and vetted as Actions for immediate implementation in the General Stakeholder process. No next meeting was set, but the workgroup agreed to assist in the formulation of funding proposals, and the implementation of the recommendations presented.